



The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Department of Public Health  
Division of Food and Drugs  
305 South Street, Jamaica Plain, MA 02130-3597  
(617) 983-6712 (617) 524-8062 - Fax

Office Use Only: Approved By: _____ Date Approved: _____	<b><i>Application for Licensure for the Manufacture and Sale of Bedding, Upholstered Furniture and Related Products In Accordance with M.G.L. C.94, § 271 and/or 105 CMR 620.000</i></b>	Office Use Only: License Number: _____ Date Issued: _____
<b>DIRECTIONS:</b> <ul style="list-style-type: none"><li>• Complete the entire two page application form.</li><li>• Submit a separate application for each facility and location to be licensed.</li><li>• Attach Law Label or "Mock Label" to the application.</li><li>• Attach a separate check for \$300.00 for each license application, made payable to: COMMONWEALTH OF MASSACHUSETTS</li></ul>		
1. Company Name:		2. Telephone #: (      ) Fax #: (      )
3. D.B.A. (Doing Business As):		Current Massachusetts License # (if applicable):
4. Mailing Address:		
5. Facility Address (if different from Mailing Address):		6. Telephone #: (      ) Fax #: (      )
7. Responsible Contact Person:	8. Twenty-four (24) Hour Emergency Telephone #: (      ) Email Address: _____	
9. Type of License for which you are applying: Manufacturer <input type="checkbox"/> Wholesale Dealer <input type="checkbox"/> Supply Dealer <input type="checkbox"/>		
10a. Uniform Registry Number:		10b. State of Issuance:
<b>Ownership</b>	<b>Name</b>	<b>Address</b>
11. Individual		_____ _____

(Over)

Ownership	Name	Address
12. Partnership	A. _____ B. _____	A. _____ B. _____
13. Corporation:	A. _____ B. _____ C. _____	A. _____ B. _____ C. _____
14. If Applicant is a Corporation:	A) State of Incorporation:	B) Date of Incorporation:
15. Are you a manufacturer, who either by yourself or through your employees or agent, manufactures articles of bedding and/or upholstered furniture to be sold at wholesale or retail? Yes <input type="checkbox"/> No <input type="checkbox"/>		
16. Are you a wholesale dealer who either by yourself or through your employees or agent, sells trailers or mobile homes containing articles of bedding or upholstered furniture as such, or as a component part of a finished product at wholesale? Yes <input type="checkbox"/> No <input type="checkbox"/>		
17. Are you a wholesaler who either by yourself or through your employees or agent, sells articles of bedding and/or upholstered furniture at wholesale? Yes <input type="checkbox"/> No <input type="checkbox"/>		
18. Are you a supply dealer, who either by yourself or through your employees or agent, manufactures, processes or sells at wholesale any felt batting, pads or other filling, loose, in bags, in bales, or containers, concealed or not concealed, to be used or which can be used in articles of bedding or of upholstered furniture? Yes <input type="checkbox"/> No <input type="checkbox"/>		
19. List articles manufactured or sold:		

I hereby certify that the above information is true to the best of my knowledge and that I will comply with all applicable laws and regulations of the Commonwealth of Massachusetts and the Department of Public Health pertaining to the activity for which I am applying. In addition, pursuant to M.G.L. C. 62C, § 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner or Corporate Officer

If applying as an Individual, your Social Security #: \_\_\_\_\_

Tax or Federal I.D.#: \_\_\_\_\_

**IMPORTANT NOTE: This annual license expires on June 30 regardless of date of issue.**

**NOTE:** Copies of the Massachusetts General Laws and the Code of Massachusetts Regulations may be obtained from the State House Bookstore located in Boston (617-727-2834), Springfield (413-784-1376) and Fall River (508-646-1374).